

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: July 12, 2001

BHRS POLICY: 01-04

SUBJECT: Trainee/Intern/Resident Case Assignments and Service Agreements

AUTHORITY: Divisional; BHRS Policy 93-12, Client Referrals; Licensing Boards; BPC 4980.44(c)

AMENDED: February 25, 2003, June 13, 2007 and May 9, 2012

PURPOSE

- To establish standards for the assignment and oversight of individual/group/family therapy provided by graduate counseling/social work trainees, psychology trainees and psychiatric residents working in Behavioral Health and Recovery Services (BHRS).
- To mandate and provide a trainee/intern/resident disclosure form to verify compliance with regulation.

Nothing in this policy shall be construed to limit work by a trainee/intern/resident in a milieu or primary case management assignment. Nothing in this policy shall be construed as a general recommendation or approval for long-term therapy.

DEFINITION

Trainees: Students enrolled in an academic program leading towards a master's degree in clinical social work or in a specialty eligible for marriage and family therapy licensure, or working towards a doctorate in clinical psychology.

Interns: Persons with qualifying master's degrees in either clinical social work or counseling who are registered with the California Board of Behavioral Sciences (BBS) and who are obtaining qualifying hours for licensing eligibility. Also, persons with a doctorate in psychology who have obtained a waiver from the California Department of Health Care Services and who are obtaining qualifying hours for licensing eligibility.

Residents: Persons participating in a psychiatry residency program or fellowship approved by the Accreditation Council for Graduate Medical Education (ACGME).

POLICY

As indicated, components of this policy shall apply to trainees, interns and residents placed in any adult or child/youth clinical team in county BHRS outpatient services.

I. Case Selection for Trainees

The **clinical supervisor of the trainee** has the responsibility of determining whether a particular case assignment would be appropriate for a particular trainee. Issues to consider include, but are not limited to, the ability of the trainee to meet the clinical challenges presented; client choice issues including demographic and cultural variables; the educational opportunities inherent in the case; and the variety of diagnoses, treatment methodologies, and other clinical/case management experiences available to the trainee in the clinical placement.

The **Unit Chief/Program Specialist of a behavioral health team** has the ultimate responsibility for the management of the clinical care of clients assigned to that team. Therefore, the Unit Chief/Program Specialist, in collaboration with the trainee's clinical supervisor, shall approve the assignment of all cases to trainees. Approval shall occur *prior* to the trainee beginning work with the client/family. (See Section IV for further approval requirements.)

II. Client Service Agreement – Trainees/Residents

All **counseling/social work trainees, psychology trainees and psychiatric residents** will complete the Client Service Agreement (attached), for each of their assigned clients prior to providing services to the client and then review the information with the client/parent before obtaining the client/parent's signature.

III. Clinical Oversight and Collaboration – Trainee Cases

The trainee's clinical supervisor has the responsibility for ongoing clinical oversight of the progress of treatment. In addition to consultation between the supervisor and the trainee, supervision is demonstrated in the medical record by timely review and cosigning of progress notes.

In any situation involving significant clinical or other concerns, the Unit Chief/Program Specialist must be kept informed by the clinical supervisor and involved in any key decisions (hospitalizations, transfer of therapist, complaints/grievances filed, etc.).

The trainee shall assure that the psychiatrist of record and other involved team members are informed of significant issues in the clinical management of their cases.

IV. Therapy Case Selection – Trainees

All clients treated by trainees must be open to the behavioral health system, and must have been recommended and approved for individual or group therapy. A trainee may participate in the assessment of a client, but no assurances of ongoing therapy shall be given to the client until all conditions of this policy have been met.

When a trainee completes a clinical placement, any reassignment of a client to another trainee must be preceded by the conditions previously described in this policy (Section I). In addition, the client's response to therapy and ongoing need for this level of service must be considered. A client may be treated by any single trainee for no longer than two years.

The BHRS practice standard is that, even when all conditions previously described can be met, a client who has been treated by two consecutive trainees will not be reassigned to an additional period of treatment with another trainee. Subsequent therapy, if appropriate, must be provided within the treatment team or through other referrals that will assure a registered, waived or licensed clinician for the client.

Exception: In the unusual circumstance where the Unit Chief/Program Specialist believes that continuous client centered clinical care can best be achieved by an additional assignment to another trainee, the following procedure must occur. The Unit Chief/Program Specialist will present the clinical justification to the Youth or Adult Program Manager and receive specific authorization for the new assignment prior to the transfer of care to another trainee.

V. Resident Cases

A resident may provide therapy for a client for up to three years. The client may then be reassigned to another resident, after discussion with supervisor(s)/Unit Chief/Program Specialist (as indicated). The client's response to therapy and ongoing need for this level of service must be considered. No client may be assigned to a third consecutive resident.

VI. Documentation

All trainees/interns/residents shall follow all current documentation procedures.

Additionally, when a trainee completes a clinical placement, and the case is to remain open, the trainee shall complete a transfer note describing the progress of the case, additions to the intake assessment, methodologies employed, interventions attempted, and any other relevant information. This transfer information shall be entered in the client's chart as a non-billable progress note.

VII. Self Referral

No trainee may continue to treat a client, whether for a fee or pro bono, after leaving a BHRS trainee placement. All conditions of BHRS Policy 93-12, Client Referrals continue to apply.

VIII. Client Service Agreement – IMF and ASW

All Marriage and Family Therapist Interns (IMF) and all Associate Clinical Social Workers (ASW), post-masters and registered with the BBS, will complete the Client Service Agreement (attached), for each of their assigned clients prior to providing therapy services to the client. The intern will review the information with the client/parent before obtaining the client/parent’s signature.

Approved: Signature on File
Stephen Kaplan, Director
Behavioral Health and Recovery Services

- Attachment A: Client Service Agreement for Trainees, Interns and Residents (English)
- Attachment B: Client Service Agreement for Trainees, Interns and Residents (Spanish)

Reviewed: _____

